

**Maryland State Police**  
Licensing Division  
7751 Washington Boulevard  
Jessup, Maryland 20794  
(410) 799-0191 (800) 525-5555

**TO:** All applicants applying for Licenses, Registrations, Certifications, Commissions, as an Agency Firm Member, as a Corporate Officer, and for Handgun Permits issued under the authority of the Licensing Division.

**SUBJECT:** Attached is the application and forms needed to honor your individual request(s) of the Licensing Division. Please complete the attached application in strict accordance with the instructions listed below. Applications not completed correctly will be returned. [Submit all applications to the above listed address.] **NOTE: ALL APPLICATIONS MUST BE PROPERLY NOTARIZED AND ALL CHECKS/MONEY ORDERS MUST BE MADE PAYABLE TO: MARYLAND STATE POLICE.** (All fees include a \$42 background check unless otherwise stated and are **non-refundable**). Processing a properly completed application may take up to 90 days to investigate.

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**NOTE: One set of fingerprint cards using one orange and white CJIS fingerprint card and one blue and white FBI fingerprint card need to be submitted with this application.** The number of photographs must equal the required for each request on this application. There must be a separate check for each request on this application for the required fees. The \$42.00 background check fee is only required for one set of fingerprint cards. Please adjust the fee accordingly. (Example: Handgun Permit and Private Detective Registrant application will require one set of fingerprint cards and four (4) photos, two (2) for the Handgun Permit and two (2) for Private Detective Registration. The fees would total \$132.00, and 2 checks would be submitted, one for \$117.00 for the Handgun Permit which includes the background check fee and one for \$15 for the Private Detective Registration which does not include the background check fee.)

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**1) Making application for an original Handgun Permit:**

**ATTENTION: SUBMISSION OF THIS APPLICATION DOES NOT PERMIT YOU TO WEAR, CARRY OR TRANSPORT A HANDGUN. BEFORE YOU MAY CARRY A HANDGUN, YOU MUST POSSESS A VALID HANDGUN PERMIT AND KEEP IT ON YOUR PERSON WHILE CARRYING A HANDGUN.**

- [ ] One (1) completed notarized application, pages 7, 8, 10, 11 12
- [ ] Two (2) 1 ½" x 1 ½" head and shoulder passport type photographs with a white background, full face, no hat, no dark glasses and photographs must have been taken within the preceding 30 days
- [ ] One (1) set of fingerprint cards using one orange and white CJIS-011 fingerprint card and one blue and white FBI applicant card bearing ORI-MDMSP6000 which can be obtained at any MSP barrack.
- [ ] Fees Required: Handgun Permit - Original \$117.00 (\$75 fee and \$42 background check)  
Subsequent \$74.00 (\$50 fee and \$24 background check)  
Retired Police \$42.00 (background check)

**NOTICE TO ALL HANDGUN PERMIT APPLICANTS:** (Additional requirements for type of permit):

- 1) Owner or Employee of a Business: Submit photocopies of the Traders License or Articles of Incorporations, and if the purpose of the permit is for:
  - (a) Making deposits: Photocopies of six (6) random deposit slips for the business showing the cash deposits within a year of the application submission date or a letter from the bank attesting that your business has a cash flow
  - (b) Cash Flow: Photocopies of Ten (10) receipts showing cash paid for supplies and/or cash received for services
  - (c) Requesting a permit for one of your employees, or if you are an employee and you have permission from your employer to obtain a permit: A letter from your employer on his business stationery, explaining in detail why you need to carry a gun as part of your duties
- 2) Professional Activities: Doctors, Lawyers, Pharmacies, etc., Must show evidence of legitimacy of business activity and valid certification or license
- 3) Correctional Officers: Must submit verification of employment and documentation of threats and assaults.
- 4) Former Police Officer: If you have resigned or retired, you must show evidence of your tenure in law enforcement, such as a letter from your last Commander.
- 5) Private Detective/Security Guard/Special Police & Railroad Police Commissions: All applicants who are employed as Private Detectives, Security Guards, Special Police, and Railroad Police, must submit a certification of qualification with a handgun from a Maryland State Police Certified Handgun Instructor. A copy of the form letter supporting "good and substantial reasons," ownership of weapon, and location where the weapon will be maintained. (This form can be obtained from your employer).
- 6) Personal Protection: There must be documented evidence of recent threats, robberies, and/or assaults, supported by official police reports or notarized statements from impartial witnesses.

## Maryland State Police Licensing Division

- 2) **Making application for an original License includes:** Private Detectives license, Security Guard agency license Security Systems Agency license, Agency Firm Member, and Corporate Officer

**A: Instructions for Private Detectives/Security Guard Agency License and Corporate Officer(s):**

**Note:** If you employ Five (5) or more people, (not including corporate officers), a copy of the General Liability Insurance Policy of \$100,000 is required to be attached to this application

- [ ] Completed notarized application, pages 7, 9, 10, 11 and 12
- [ ] Two (2) 1 ½" x 1 ½" head and shoulder passport type photographs with a white background
- [ ] A copy of the Articles of Incorporation and minutes of last meeting appointing officers of the Corporation
- [ ] A copy of the receipt from the Maryland Department of Assessment and Taxation certifying that the corporation has registered as a foreign corporation to do business in Maryland
- [ ] One (1) set of fingerprint cards for the licensee and each corporate officer, using one orange and white CJIS-011 fingerprint card and one blue and white FBI Applicant fingerprint card bearing ORI-MDMSP6000. Additional fingerprint cards will be supplied to Foreign corporate officers
- [ ] Foreign firms or corporation must submit a Consent to Service form and the Board Resolution naming the proper officer to execute it
- [ ] Fees Required:
  - New Agency Private Investigator not incorporated \$242
  - New Agency Security Guard not incorporated \$242
  - New Agency Private Investigator incorporated \$417
  - New Agency Security Guard incorporated \$417

**B: Instructions for Security Systems Agency license and agency Firm Member(s):**

Maryland Companies – original:

- [ ] Completed notarized application, pages 7, 9, 10, 11 and 12
- [ ] Two (2) 1 ½" X 1 ½" head and shoulder passport type photographs with a white background
- [ ] A copy of the Articles of Incorporation if applicable
- [ ] One (1) set of fingerprint cards for the licensee and each corporate officer, using one orange and white CJIS-011 fingerprint card and one blue and white FBI applicant fingerprint card bearing ORI-MDMSP6000
- [ ] A copy of a Fidelity Bond for at least \$50,000 or General Liability Insurance Policy for at least \$50,000
- [ ] Copies of certifications of any specialized training related to Security Systems sales, service, and installation
- [ ] Fees Required:
  - Individual Licensee \$150
  - Agency Firm Members \$42
 (Background check is included)

Out of State Companies – original:

- [ ] Completed notarized application, pages 7, 9, 10, 11 and 12
- [ ] A copy of the License and Identification Card issued by the reciprocal state
- [ ] Two (2) 1 ½" X 1 ½" head and shoulder passport type photographs with a white background
- [ ] A copy of a Fidelity Bond for at least \$50,000 or General Liability Insurance Policy for at least \$50,000
- [ ] Copies of certifications of any specialized training related to Security Systems sales, service, and installation
- [ ] Fees Required:
  - Individual licensee \$150.

## Maryland State Police Licensing Division

### 3) Making application for Registration, Certification, and Commissions includes: Private Detective Registration, Security System Registration, Security Guard Certification, Special Police Commission, and Railroad Police Commission.

#### A: Instructions for Private Detective Registration, Security Guard Certification, and Security Systems

**Registration** (Monitor, Salesperson, Technician and persons having access to circumvential information):

- ☐ PRIVATE DETECTIVE REGISTRANTS – Completed notarized application, pages 7, 8, 10 and 12  
Include on the Continuation Sheet (page 10), the fictitious name (if any) that the applicant intends to use
- ☐ SECURITY GUARD CERTIFICATIONS – Completed notarized application, pages 7, 8, 10 and 12
- ☐ SECURITY SYSTEMS REGISTRANTS – Completed notarized application, pages 7, 10, 11 and 12 and copies of certifications of any specialized training related to Security Systems sales, service, and installation
- ☐ Two (2) 1 ½" x 1 ½" head and shoulder passport type photographs with a white background
- ☐ One (1) set of fingerprint cards – using one orange and white CJIS-011 fingerprint card and one blue and white FBI applicant fingerprint card bearing ORI – MDMSP6000
- ☐ Fees Required: Private Detective Registrant - \$57 (\$15 fee plus \$42 background check)  
Security Guard Certification - \$57 (\$15 fee plus \$42 background check)  
Security System Registration - \$57 (\$15 fee plus \$42 background check)

#### B: Instructions for Out of State Registration for Security Systems as a Monitor, Salesperson, Technician, and persons

having access to circumvential information: (Must be reciprocal with Maryland with background check every 2 years)

- ☐ Completed notarized application, pages 7, 10, 11 and 12
- ☐ Attach a copy of the License / Registration issued by the reciprocal state
- ☐ Two (2) 1 ½" x 1 ½" head and shoulder passport type photographs with a white background
- ☐ Fees Required: Out of State Registration - \$15.00 (no background check)

#### C: Instructions for Special Police and Railroad Police Commissions:

- ☐ Completed notarized application pages 7, 8, 10 and 12
- ☐ Signature of the Approved Authorized Representatives on application, include previous SPC#
- ☐ Two (2) 1 ½" x 1 ½" head shoulder passport type photographs with a white background
- One (1) set of fingerprint cards using one orange and white CJIS-011 fingerprint card and one blue and white FBI applicant fingerprint card bearing ORI – MDMSP6000
- ☐ Fees Required for Special Police Commission: \$100      Agencies of the State of Maryland – NO FEE  
Fees Required for Railroad Police Commission: \$118

### 4) Making application for Bulletproof Body Armor.

Maryland law mandates that all persons with a prior **CONVICTION** for a crime of violence or a drug trafficking crime are prohibited from using, possessing, or purchasing bulletproof body armor without a permit issued by the Secretary of the Maryland State Police.

**NOTE:** A permit to use, possess, or purchase bulletproof body armor is not required for persons not convicted of a crime of violence or a drug trafficking crime.

**ATTENTION: SUBMISSION OF THIS APPLICATION DOES NOT PERMIT YOU TO USE, POSSESS, OR PURCHASE BULLETPROOF BODY ARMOR. BEFORE YOU USE, POSSESS OR PURCHASE BULLETPROOF BODY ARMOR, YOU MUST POSSESS A VALID PERMIT AND KEEP IT ON YOUR PERSON WHILE USING, POSSESSING, OR PURCHASING THE BODY ARMOR.**

- ☐ One (1) completed notarized application, pages 7, 10, 11 and 12
- ☐ Two (2) 1 ½" x 1 ½" head and shoulder passport type photographs with a white background, full face, no hat, no dark glasses and photographs must have been taken within the preceding 30 days

**NOTICE TO ALL BULLETPROOF BODY ARMOR APPLICANTS:** (Additional requirements for type of permit):

- 1) Owner or Employee of a Business: Submit photocopies of the Traders License or Articles of Incorporations, and if the purpose of the permit is for:
  - (a) Making deposits: Photocopies of six (6) random deposit slips for the business showing cash deposits or a letter from the bank (on bank stationery) attesting that your business has a cash flow
  - (b) Cash Flow: Photocopies of Ten (10) receipts showing cash paid for supplies and/or cash received for services
  - (c) Requesting a permit for one of your employees, or if you are an employee and you have permission from your employer to obtain a permit: A letter from your employer on his business stationery, explaining in detail why you need bulletproof body armor as part of your duties
- (2) Personal Protection: There must be documented evidence of recent threats and or assaults, supported by official police reports or notarized statements.

**TELEPHONE DIRECTORY** – Dial (410) 799-0191 and use the following extension number

1. Private Detective and Security Guard License, Corporate Officer, and Registrant . . . . . 331
2. Security Technicians License and Agency Firm Member, Registrant . . . . . 334
3. Security Guard Certification . . . . . 332
4. Special Police and Railroad Police Commissions . . . . . 310
5. Handgun Permit . . . . . 341

**PHYSICAL DESCRIPTION INDEX**

NOTE: Multiracial applicants may select all applicable racial categories

<u>RACE</u>	<u>CODE</u>	<u>HAIR COLOR</u>	<u>CODE</u>	<u>EYE COLOR</u>	<u>CODE</u>
American Indian	I	Bald	XXX	Black	BLK
Alaskan Native	I	Black	BLK	Blue	BLU
Asian	A	Blond	BLN	Brown	BRO
Pacific Islander	A	Brown	BRO	Gray	GRY
Native Hawaiian	A	Gray	GRY	Green	GRN
Black or African American	B	Red	RED	Hazel	HAZ
Hispanics	H	Sandy	SDY	Pink	PNK
White	W	White	WHI	Multi-color	MLU
Other	O				

## Maryland State Police Licensing Division

**RENEWAL INSTRUCTIONS**

**PAYMENT:** The check/money order must be made payable to: Maryland State Police.

- 1) **Handgun Permit Renewal: Note: Renewals are the responsibility of the applicant.** The expiration date is on the face of the permit and the holder must apply AT LEAST 90 DAYS PRIOR TO THE EXPIRATION DATE. RENEWAL APPLICATIONS MUST CONTAIN CURRENT DOCUMENTATION AS WAS REQUIRED WITH THE ORIGINAL APPLICATION.

- ☐ Completed notarized application, pages 7, 8, 10 and 12
- ☐ Two (2) 1 ½" X 1 ½" head and shoulder passport type photographs with a white background
- ☐ One (1) FBI fingerprint card which can be obtained at any MSP barrack
- ☐ A hour handgun re-certification certificate from a Maryland State Police Certified Handgun Instructor must be submitted by all PRIVATE DETECTIVES, SECURITY GAURDS, AND SPECIAL POLICE OFFICERS
- ☐ Renewal fee required: \$74 (\$50 fee plus \$24 FBI record check)
- ☐ **RETIRED POLICE ONLY:** Copy of retired police identification card and \$24 FBI record check fee

- 2) **Private Detective Agency and Security Guard Agency Licenses:** Renewal Packets shall be obtained from the Maryland State Police, Licensing Division. Please use the enclosed Telephone Directory for your convenience.

- 3) **Security Guard Certification:**

- ☐ Completed notarized application, pages 7, 8, 10 and 12
- ☐ Two (2) 1 ½" X 1 ½" head and shoulder passport type photographs with a white background
- ☐ One (1) FBI fingerprint card
- ☐ Renewal fee required: \$34 (\$10 fee plus \$24 FBI record check) + late fees if applicable

- 4) **Security Systems Agency Licensees, Agency Firm Members, and Registrants:** (The Secretary will mail a renewal notice and renewal application(s))

A. **Maryland companies:**

- ☐ Two (2) 1 ½" X 1 ½" head and shoulder passport type photographs with a white background
- ☐ One (1) FBI fingerprint card

**FOR LICENSEE AND FIRM MEMBERS:**

- ☐ Completed notarized application, pages 7, 8 and 10
- ☐ A copy of a Fidelity Bond for at least \$50, 000 or General Liability Insurance Policy for at least \$50,000
- ☐ Fee: Licensee, \$124; Agency Firm Members, \$39; background included

**FOR REGISTRANTS IN MARYLAND** assigned as monitors, salespersons, technicians, and persons having access to circumvential information:

- ☐ Completed notarized application, pages 7 and 10
- ☐ Fee: \$39 (\$15 fee plus \$24 background check)

B. **Out of State Companies:** (Must be reciprocal with Maryland with background check every two (2) years)

- ☐ Two (2) 1 ½" x 1 ½" head and shoulder passport type photographs with a white background

**LICENSEE AND FIRM MEMBERS:**

- ☐ Completed notarized application, pages 7, 8 and 10
- ☐ A copy of the articles of Incorporation if applicable
- ☐ A copy of a Fidelity Bond for at least \$50,000 or General Liability Insurance Policy for at least \$50,000
- ☐ A copy of the license issued by another state within 1 year of the expiration date of the license issued by the Maryland State Police
- ☐ Fee: Licensee, \$124; Agency Firm Members, \$39

**FOR REGISTRANTS** assigned as monitors, salespersons, and technicians and persons having access to circumvential information:

- ☐ Completed notarized application, pages 7 and 10
- ☐ A copy of the License/Registration issued by the reciprocal state
- ☐ Fee: \$39
- ☐ FBI fingerprint card

- 5) **Special Police Commission:**

- ☐ Completed notarized application pages 7, 8, 10 and 12 with Approved Authorized Representative Signature
- ☐ Two (2) 1 ½" X 1 ½" head and shoulder passport type photographs with a white background
- ☐ One (1) FBI fingerprint card
- ☐ Renewal fee required: \$60 NOTE: Agencies of the State of Maryland: NO FEE IS REQUIRED

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**6) Bulletproof Body Armor**

**Note: Renewals are the responsibility of the applicant.** The expiration date is on the face of the permit and the holder must apply AT LEAST 90 DAYS PRIOR TO THE EXPIRATION DATE. RENEWAL APPLICATIONS MUST CONTAIN CURRENT DOCUMENTATION AS WAS REQUIRED WITH THE ORIGINAL APPLICATION.

☐ Completed notarized application, pages 7, 10 and 12

☐ Two (2) 1 ½" X 1 ½" head and shoulder passport type photographs with a white background, full face, no hat, no dark glasses and photographs must have been taken within the preceding 30 days

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# MARYLAND STATE POLICE – License and Permit Application

Print or Type application using **BLACK INK ONLY**

Date of application/employed: \_\_\_\_\_

**Check all that apply with this application:** ☐ **ORIGINAL** ☐ **RENEWAL** ☐ **SUBSEQUENT**

☐ Private Detective Agency License ☐ Security Systems Agency License ☐ Special Police Commission  
☐ Security Guard Agency License ☐ Security Systems Registrant ☐ Railroad Police Commission  
☐ Private Detective Registrant ☐ Agency Firm Member ☐ Handgun Permit  
☐ Security Guard Certification ☐ Corporate Officer ☐ Bulletproof Body Armor

*Submission of this application DOES NOT guarantee approval or issuance of request.*

1) Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

2) Street Address: \_\_\_\_\_

3) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

4) Phone #'s: Hm: ( ) \_\_\_\_\_ Wk: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

5) Social Security #: \_\_\_\_\_ Date of Birth: / / Birth Place: (City/State) Country: \_\_\_\_\_

6) Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

7) Hispanic or Latino (Circle one): (Y/N) Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

8) Are you a United States Citizen? ☐ Yes (**NOTE:** If Naturalized, attach a copy of your Naturalization Paper) ☐ No (**YOU MUST** attach a copy of your Employment Authorization Card with this application)

9) Occupation: \_\_\_\_\_ Position or Title: \_\_\_\_\_

9A) Reason for handgun permit (Be specific or N/A): \_\_\_\_\_

10) Employer/Agency: \_\_\_\_\_ Agency License #: \_\_\_\_\_

10A) Address of Employer: \_\_\_\_\_

**ANSWER ALL OF THE FOLLOWING QUESTIONS COMPLETELY. EXPLAIN FULLY ALL YES RESPONSES ON ATTACHED CONTINUATION SHEET (PAGE 5):**

11) Have you ever been served with an ex-parte or protection order for domestic violence? Yes No

12) Have you ever been ARRESTED for a violation of any criminal law? Yes No

13) Have you ever been CHARGED with a violation of any criminal law? Yes No

14) Have you ever been CONVICTED with a violation of any criminal law? Yes No

15) Have you ever been serve with a criminal summons? Yes No

16) Are you currently on parole or probation or mandatory supervision? Yes No

17) Have you ever been confined or committed to a mental institution or hospital for treatment or observation for a mental or psychiatric condition on a temporary or permanent basis? Yes No

18) Have you ever been attended, treated, or observed by any medical doctor, psychiatrist, hospital, or institution, including voluntary commitment, for any mental or psychiatric condition? Yes No

19) Are you addicted to or have you ever been or are you currently being treated for alcoholism, addiction to Controlled Dangerous Substances, or addiction to any other dangerous substances? Yes No

20) Have you ever been a member of the United States Armed Forces? Attach a copy of DD-214/ Discharge papers Yes No

21) Have you ever been employed as a Police Officer? (Does not include being a Special Police Officer) Yes No

22) On the attached continuation sheet, give full details of prior denial, suspension, revocation or termination of your handgun permit, license, certification, or registration in Maryland or any other state or jurisdiction.

23) On the attached continuation sheet, list all past employers for the last five (5) years: Must include company name, address, telephone number, dates worked, position, supervisor's name and reason for leaving.

24) I do hereby declare and affirm under the penalties of perjury that the contents of this application are true and correct to the best of my knowledge, information and belief and I so indicate by signing below in the designated space. I agree to supply any additional information requested. **FALSE INFORMATION WILL BE SUFFICIENT GROUNDS FOR DENIAL OF THE APPLICATION AND/OR CRIMINAL PROSECUTION WHICH CARRIES A PENALTY OF IMPRISONMENT NOT EXCEEDING 1 YEAR AND/OR \$1000 FINE.**

**Warning:** Any person who willingly makes false statements on this application is guilty of a Misdemeanor.

25) Applicant's Signature: \_\_\_\_\_ Date: (**Must correspond with date of Notarization**) \_\_\_\_\_

26) Subscribed and sworn to before me:  
 Notary Public \_\_\_\_\_  
 his \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_  
 My Commission Expires \_\_\_\_\_  
 MSP Form 29-70 (01/03)

Photographs of applicant  
 (1 ½" x 1 ½" square, light  
 background, head & shoulder  
 full face, no hat, no dark glasses)

**ATTENTION: Submission of this application DOES NOT PERMIT you to wear, carry or transport a handgun. You must possess a valid handgun permit**

## COMPLIANCE CERTIFICATIONS

### FILL OUT THE SECTIONS BELOW WHICH PERTAIN TO THIS APPLICATION:

#### Private Detective Registrant:

Notice of compliance with Title 13: Both licensee and employee agree to operate within the confines of the law as defined in Title 13, pertaining to Private Detective.

##### Statement of Licensee:

☐ I do **not** wish the applicant to carry a firearm.

☐ I wish the applicant to be armed and ☐ have included that request on this application **OR**

☐ have previously submitted a **pending** handgun permit application, date submitted: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

#### Security Guard Certification:

Notice of compliance with Title 19: Both licensee and employee agree to operate within the confines of the law as defined in Title 19, pertaining to Security Guards.

Previous Security Guard# \_\_\_\_\_

##### Statement of Licensee:

☐ I do **not** wish the applicant to carry a firearm.

☐ I wish the applicant to be armed and ☐ have included that request on this application **OR**

☐ have previously submitted a **pending** handgun permit application, date submitted: \_\_\_\_\_

Expiration date \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

#### Special Police Commission/Railroad Police Commission:

Statement of Agency Official: By virtue of my authority:

Previous SPC# \_\_\_\_\_

Expiration date \_\_\_\_\_

☐ I do **not** wish the applicant to carry a firearm.

☐ I wish the applicant to be armed and ☐ have included that request on this application **OR**

☐ have previously submitted a **pending** handgun permit application, date submitted: \_\_\_\_\_

Property to be protected: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Authorized Organization

\_\_\_\_\_  
Signature of Authorized Representative

(25) What is the Trade Name of your business? \_\_\_\_\_



- (26) PRIVATE DETECTIVE APPLICANTS ONLY – What is the Trade Name or Fictitious Name the applicant and/or employees intend to use?  
\_\_\_\_\_
- (27) Give complete details of any investigative experience or activities through Police Service, Military Service, Private Detective, and any organized municipal, county, state or federal police force. (Refer to Title 13, Section 13-303, Title 19, Section 19-303 for the experience requirements of the individual and licensee):  
\_\_\_\_\_  
\_\_\_\_\_
- (28) What is your position or title in the firm or corporation? Specify in detail the exact duties you perform for the agency in connection with this license application: \_\_\_\_\_
- (29) Do you employ more than one person? ☐ YES ☐ NO If Yes, you must include on the continuation sheet, a list of all employees, including full name, date of birth, social security #, ID#, sex and race **AND** you must file a certificate of compliance with the State Workmen's Compensation Laws with the Maryland State Police Licensing Division or you may provide the Division, as evidence of insurance, a Workmen's Compensation Policy Number or Binder Number.  
Name of Insurance Company: \_\_\_\_\_ Effective date: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Binder Number: \_\_\_\_\_
- (30) List your Maryland **principal office location** and each **branch office** (P.O. Boxes not accepted):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **ADDITIONAL QUESTIONS FOR CORPORATE USE ONLY:**

- (31) Place of incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_  
Is the charter still legally subsisting? ☐ YES ☐ NO
- (32) Have all state and federal taxes been filed that are currently due? ☐ YES ☐ NO, explain on continuation sheet
- (33) Maryland qualifying representative member/licensee information: (P.O. Boxes not accepted)  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
- (34) List all members of the board of directors, trustees, governors or similar body (Name and addresses) on the continuation sheet.
- (35) List any person not listed previously, having any direct or indirect interests in or control of the firm or corporation (Name and addresses) on the continuation sheet.

#### **Applicant must attach the following:**

1. A copy of the Articles of Incorporation.
2. If you are a Foreign Corporation, a copy of registration with the Maryland Department of Assessments and Taxation.
3. Minutes of directors meeting electing officers of the corporation and specifying their duties.
4. Resolutions created after original dates of incorporation.

#### **ADDITIONAL QUESTIONS FOR UNINCORPORATED OR PARTNERSHIP APPLICANTS ONLY:**

- (36) Give full name, address, position or title and interest of every partner, officer and supervisory employee of the firm on the continuation sheet.

#### **ADDITIONAL QUESTION FOR INDIVIDUAL BUSINESS OWNERS ONLY:**

- (37) Give full name, address and full details of all persons having direct or indirect interest, dominion or control over the business to be operated by the applicant on the continuation sheet.

[illegible]

Additional information may be attached on a blank sheet of paper

**MARYLAND DEPARTMENT OF STATE POLICE**

## Licensing Division References

Applicant's Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Pursuant to the provisions of Maryland Law, Submit the names of at least 3 reputable citizens, who have known you, the applicant for more than two (2) years, and **are not related in any way to you, the applicant.**

**Reference # 1:**

**Full name:** \_\_\_\_\_

Residence Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

**Reference # 2:**

**Full name:** \_\_\_\_\_

Residence Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

**Reference # 3:**

**Full name:** \_\_\_\_\_

Residence Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

## Maryland Department of State Police

### Authorization for Release of Information

I, \_\_\_\_\_

Last	First	Middle	Race	Sex	DOB
------	-------	--------	------	-----	-----

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Address	Social Security Number
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do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Department of State Police, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information, which will be utilized, for investigative resources material.

I authorize the full and complete disclosure of the records of educational institutions, financial or credit institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those hospitals, clinics, private practitioners, the U.S. Veterans' Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me.

A photocopy to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

_____ Signature	_____ Date
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#### Notary Public Certification

State of Maryland    County of \_\_\_\_\_

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me a Notary Public for said state and county, personally appeared \_\_\_\_\_, and made oath in due form of law that he/she has executed this authorization for release of information in the capacity therein stated and for the purpose therein contained. In witness, I here unto set my hand and official seal.

_____ Notary Public Signature	My commission expires: _____ Affix Official Seal:
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